



Atty. Dkt. No. 050499-0101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shinichi SOMA et al.
Title: ORTHODONTIC REMEDIES
CONTAINING PTH
Appl. No.: 09/344,382
Filing Date: 06/25/1999
Examiner: D. Romeo
Art Unit: 1647

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AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

| | Claims as Amended | Previously Paid For | Extra Claims Present | Rate | Additional Claims Fee |
|--|-------------------------|------------------------|----------------------------|-----------|--------------------------|
| Total Claims: | 29 | 21 | 8 | x \$18.00 | \$144.00 |
| Independents: | 3 | 3 | 0 | x \$80.00 | \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | + | \$270.00 | \$0.00 |
| CLAIMS FEE TOTAL: | | | | | \$144.00 |

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | | |
|-------------------------------------|---|------------|-----------|
| <input type="checkbox"/> | Extension for response filed within the first month: | \$110.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the second month: | \$390.00 | \$0.00 |
| <input checked="" type="checkbox"/> | Extension for response filed within the third month: | \$890.00 | \$890.00 |
| <input type="checkbox"/> | Extension for response filed within the fourth month: | \$1,390.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fifth month: | \$1,890.00 | \$0.00 |
| EXTENSION FEE TOTAL: | | | \$890.00 |
| CLAIMS AND EXTENSION FEE TOTAL: | | | \$1034.00 |
| <input type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| TOTAL FEE: | | | \$1034.00 |

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$1034.00 . A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$1034.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3 July 2001

By Stephen A. Bent

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